

Premier Credit Union MasterCard Application

(Valid as of 06/10/2010)

1. New Application

Check the box next to the account you would like to apply for:

Platinum Gold Classic Number of Cards: _____ Desired Credit Limit \$ _____

Interest Rates And Interest Charges

Annual Percentage Rate (APR) for Purchases	Platinum: 7.99% , Gold: 10.99% , Classic: 13.99%
APR for Balance Transfers	Platinum: 7.99% , Gold: 10.99% , Classic: 13.99%
APR for Cash Advances	Platinum: 7.99% , Gold: 10.99% , Classic: 13.99%
Penalty APR and When It Applies	None
How to Avoid Paying Interest on Purchases	Your due date is a least 25 days after the close of each billing cycle. We will not charge you any interest on purchase if you pay your entire balance by the due date each month.
For Credit Card Tips from the Federal Reserve Board	To learn more about the factor to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard

Fees

Annual Fee	None
Transaction Fees <ul style="list-style-type: none">• Balance Transfer• Cash Advance• Foreign Transaction	None None 1% of each transaction in U.S. Dollars
Penalty Fees <ul style="list-style-type: none">• Late Payment• Returned Payment	\$10 Up to \$20

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

Applicant Information

Name: _____
(Last) (First) (MI)
Mother's Maiden Name: _____ SSN: _____ Birth Date: _____

Address: _____
(Street) (City) (State & Zip)

Home Phone: _____ Work Phone: _____
(Area Code) (Area Code)

Cell Phone: _____ Email: _____

Employer: _____ Employer Phone: _____

Employer Address: _____
(Street) (City) (State & Zip)

Own Rent Monthly Payment _____

Annual Income: _____ Additional Income & Source* _____

*Additional Income: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Reference: _____
(Nearest relative not living with you) Address/City/State/Zip Phone (area code)

Co-Applicant Information (if applying with co-applicant)

Name: _____
(Last) (First) (MI)

SSN: _____ Birth Date: _____

Address: _____
(Street) (City) (State & Zip)

Home Phone: _____ Work Phone: _____
(Area Code) (Area Code)

Cell Phone: _____ Email: _____

Employer: _____ Employer Phone: _____

Employer Address: _____
(Street) (City) (State & Zip)

Own Rent Monthly Payment _____

Annual Income: _____ Additional Income & Source* _____

***Additional Income: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

Reference: _____
(Nearest relative not living with you) Address/City/State/Zip Phone (area code)

This application is submitted to obtain credit and to the best of my (our) knowledge everything stated in this application is true and complete. I (we) understand that the credit union will retain this application whether or not it is approved. I (we) authorize the credit union to verify income with my (our) employer and to verify and/or obtain further credit history information as deemed necessary by the credit union to process my (our) request for credit. It is understood that federal laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies obtain separate credit histories on each individual and that they are available to creditors upon request for purposes of evaluating credit history in the credit approval process. Submitting this application authorizes the Premier Credit Union to check credit and employment history. Additional information may be required.

X _____
Applicant Signature Date

X _____
Co-applicant Signature Date

Supplemental Security Agreement (Required)

For value received, and as additional security for the obligations defined below, the undersigned hereby grants to **Premier Credit Union** a security interest in any shares or deposits held by **Premier Credit Union** that are owned by the undersigned. This Supplemental Security Agreement secures the payment and performance of all existing loans, as well as all future loans or other agreements, including, but not limited to, any credit extended under a credit card issued by **Premier Credit Union** to the undersigned. In the event of default, **Premier Credit Union** shall be authorized to offset against these shares or deposits any delinquent amounts owed **Premier Credit Union**.

X _____
Applicant Signature Date

X _____
Co-applicant Signature Date

Please include a copy of your most recent pay stub with this application (Required)

2. Request to increase Credit Limit

Name: _____
(Last) (First) (MI)

Annual Income: _____

MasterCard Account Number: _____ Desired Credit Limit: _____

Own Rent Monthly Payment _____

X _____
Cardholder's Signature Date

3. Transfer other Credit Card Balances

I hereby authorize Premier Credit Union to pay the "Amount" indicated to the "Card Issuer" shown by issuing a check and adding the Amount" to my Premier Credit Union MasterCard credit card account. I understand that the amount transferred, combined with my current balance, cannot exceed my current credit limit.

Name: _____
(Last) (First) (MI)

MasterCard Account Number: _____ or New Application

Card Type: _____ Issuer: _____

Account Number: _____ Pay this amount: _____

Payment Address: _____
(Street) (City) (State & Zip)

Card Type: _____ Issuer: _____

Account Number: _____ Pay this amount: _____

Payment Address: _____
(Street) (City) (State & Zip)

X _____
Cardholder's Signature Date

Please mail or fax application and copy of your most recent pay stub to:

Mailing Address:

Premier Credit Union
Attn: Lending Department
800 9th Street
Des Moines, IA 50309

Fax to:

515-282-5497
Attn: Lending Department